

STATEMENT OF ORGANIZATION		OFFICE USE ONLY									
1. Name and Address of Committee FRIENDS OF KEITH DESONIER COMMITTEE P. O. Box 4390 Lake Charles, LA 70606	2. Date of this Statement <div style="text-align: center;">3/23/2015</div>	Report Number: 48613 Date Filed: 3/23/2015									
	3. Estimated Membership <div style="text-align: center;">50</div>										
Check If: New Committee <input checked="" type="checkbox"/>	4. Amended Statement? <div style="text-align: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>										
5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Position</u></td> <td style="width: 33%;"><u>c. Address</u></td> </tr> <tr> <td>KEITH F. DESONIER</td> <td>Chairperson</td> <td>P. O. Box 4390 Lake Charles, LA 70606</td> </tr> <tr> <td></td> <td>Treasurer</td> <td></td> </tr> </table>			<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>	KEITH F. DESONIER	Chairperson	P. O. Box 4390 Lake Charles, LA 70606		Treasurer	
<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>									
KEITH F. DESONIER	Chairperson	P. O. Box 4390 Lake Charles, LA 70606									
	Treasurer										
6. Affiliated Organizations <small>(Any organization other than a political committee which directly or indirectly established, administers, or financially supports this committee.)</small> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Address</u></td> <td style="width: 33%;"><u>c. Relationship to Committee</u></td> </tr> </table>			<u>a. Name</u>	<u>b. Address</u>	<u>c. Relationship to Committee</u>						
<u>a. Name</u>	<u>b. Address</u>	<u>c. Relationship to Committee</u>									
7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Address</u></td> </tr> </table> <div style="text-align: center; margin-top: 10px;">On attached sheet</div>			<u>a. Name</u>	<u>b. Address</u>							
<u>a. Name</u>	<u>b. Address</u>										
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: <input checked="" type="checkbox"/> Principal Campaign Committee <input type="checkbox"/> Subsidiary Committee											
b. Name of Candidate KEITH F. DESONIER	c. Office Sought by the Candidate House District 36										
9. a. Name of Person Preparing Report AMANDA KATZ b. Daytime Telephone 225-767-7163											
10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief. This <u>23rd</u> day of <u>March</u> , <u>2015</u> . <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"> <u>Keith F. DeSonier</u> Signature of Committee/Chairperson </td> <td style="width: 50%; text-align: center;"> <u>337-302-5321</u> Daytime Telephone </td> </tr> <tr> <td style="text-align: center;"> _____ Signature of Committee Treasurer, if any </td> <td style="text-align: center;"> _____ Daytime Telephone </td> </tr> </table>			<u>Keith F. DeSonier</u> Signature of Committee/Chairperson	<u>337-302-5321</u> Daytime Telephone	_____ Signature of Committee Treasurer, if any	_____ Daytime Telephone					
<u>Keith F. DeSonier</u> Signature of Committee/Chairperson	<u>337-302-5321</u> Daytime Telephone										
_____ Signature of Committee Treasurer, if any	_____ Daytime Telephone										

7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)

a. Name

BUSINESS FIRST BANK

b. Address

728 RYAN STREET
LAKE CHARLES, LA 70601